



5803 W. Craig Road, Suite 105, Las Vegas, NV 89130
Phone: 702-901-5200 Fax: 702-901-5201

CONTRACT FOR CBC BEHAVIORAL INTERVENTION SERVICES

Name of Client: _____

Date: _____

Parents/Guardian/Care providers: (List by name those who will be taking part in the ongoing implementation of the behavior program):

I/We understand that the program provided by CBC, is time limited, lasting 12 months. I understand if my attendance falls below 80%, CBC will notify my Insurance company and behavioral services may be cancelled because of lack of participation.

Parent/Care provider Signature

Relationship

Date

Parent/Care provider Signature

Relationship

Date